



HQ USCENTAF



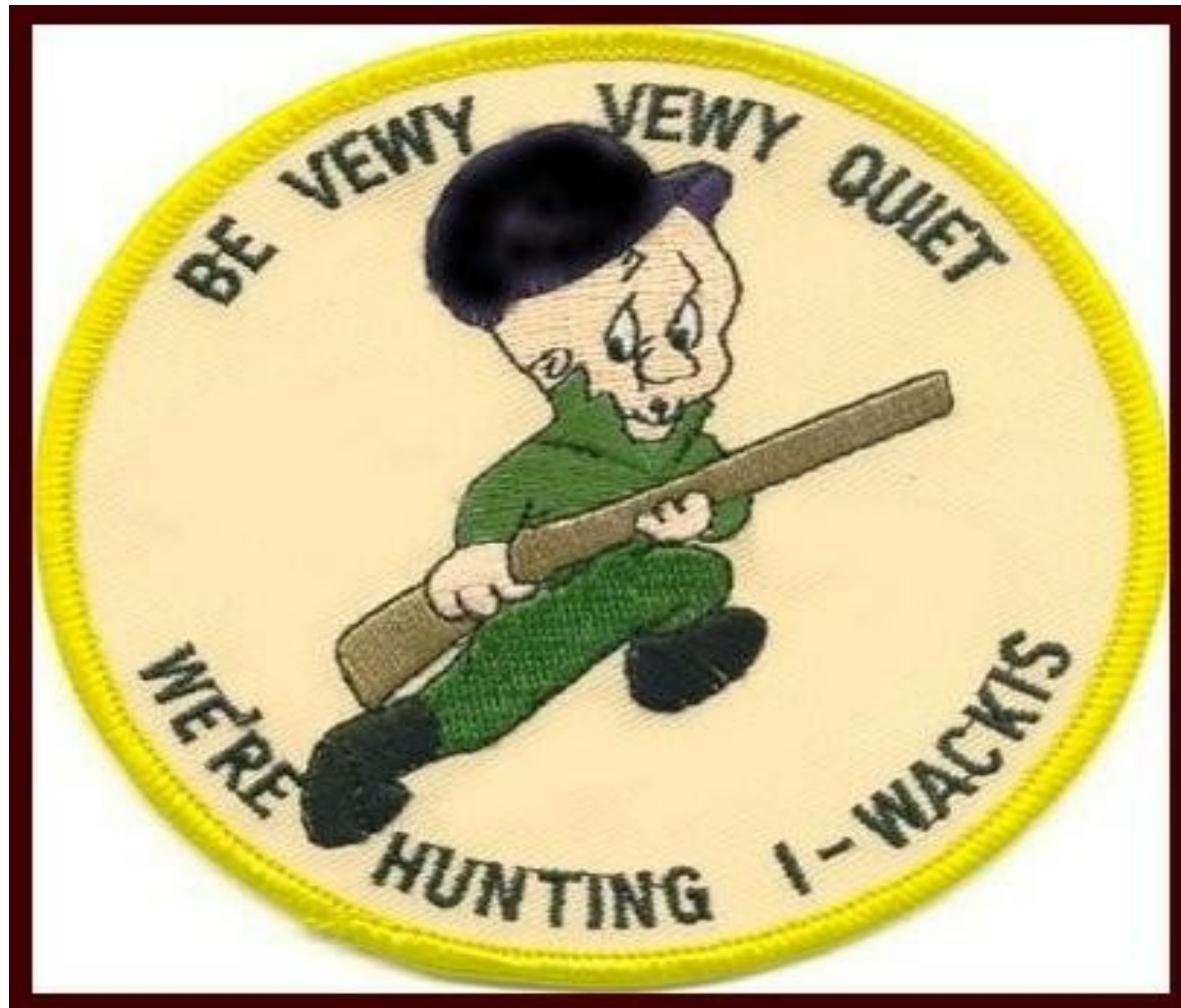
MEDICAL READINESS: CENTAF PERSPECTIVE

**Col James Sammons
CENTAF/SG (F)**



OVERVIEW

- **Operational Overview**
- **Challenges encountered at execution**
- **Base-level readiness functions and their impact on theater operations**
- **Readiness lessons learned from OEF/OIF**





OPERATIONAL OVERVIEW

- **75,000 personnel supported at 24 AF beddowns**
- **3300 medics (2770 OIF/530 OEF)**
- **58 Air Force Specialty Codes**
- **1370 STON's (1% of AF total)**
- **\$108M equipment/supplies**
- **800 ULN's**
- **>100,000 patients treated**
- **Lowest DNBI rate ever**



OPERATION OVERVIEW

- “**Absolutely phenomenal**” - CFACC
 - **EMEDS concept validated**
 - **Victims of our own success**
 - **Opportunities for improvement**
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EMEDS VALIDATED

- First major deployment of EMEDS
 - Outstanding concept
 - Small footprint
 - Efficient AND effective
 - Flexible
 - BUT...requires reliable, on-time airlift
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TRANSPORTATION ISSUES





MOVEMENT ISSUES

- TPFDD wasn't executed
 - Cargo handling at APOE's
 - JOPES challenges
 - In-Transit Visibility (ITV) challenges
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Time-Phased Force Deployment Document

- **DoD's Force Module approach rendered TPFDD unexecutable**
 - **Max effort TPFDD had little capacity to compensate for deviations**
 - **TPFDD quickly became unviable, new TPFDD created “on the fly”**
 - **Medical UTC's ignored/lost in airlift scramble**
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TPFDD



- **Assets mal-positioned in CONUS (not at/near airheads)**
- **Many ULN's too light for dedicated lift**
- **All resulted in significant delays and random sequence of arrival**



APOE's

- **Frustrated cargo at APOE**
 - **If assigned mission missed, didn't move until new RDD assigned, but didn't know there was a problem until it exceeded original RDD**
- **Cargo often not assigned unless airlift available to final destination**
 - **Problem for new locations like Tabuk (couldn't connect the dots, so it wouldn't get moved into theater)**



APOE's



- **ULN's fragmented (HHG phenomenon)**
- **ULN's reconfigured/renamed**
- **ULN's misdirected**
- **All led to tracking problems**



Joint Operation Planning and Execution

- JOPES is a cumbersome system
 - Inputs required multiple attempts
 - “Spontaneous” error generation throughout process
 - Frequently had to be “locked” to restore order
 - Unchecked result was almost random distribution of ULN’s
 - Cycle time from input to airlift assignment far exceeded cycle time of beddown changes
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JOPES



- Type Unit Characteristics (TUCHA) file changes not updated in JOPES
 - Resulted in inaccurate tasking to units
 - Had to manually check Deployment Requirements Manning Document (DRMD) to catch errors



JOPES



- **Deliberate and Crisis Action Planning and Execution System (DCAPES) often doesn't process tailored UTC's correctly**
 - **Resulted in inaccurate tasking to units**
 - **More manual checking of DRMD to catch errors**



IN-TRANSIT VISIBILITY

- **30% of ULN's never entered into databases**
 - **15% (50% in OEF) of entered data erroneous**
 - Input errors
 - Last minute tail changes
 - Split ULN's
 - Bumped/lost pallets
 - **Late detection of problems**
 - **Difficulty in identifying nature of problem**
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BOTTOM LINE

- “Where’s my stuff?”
 - Arrived, but couldn’t ID UTC - unfamiliar with UTC’s (pax or equip)
 - Arrived, but couldn’t find on ramp
 - Arrived, but pallets marked incorrectly
 - Arrived, but pilfered by other units
 - Intercepted in-transit by other EMEDS
 - Frustrated, dumped, etc. w/o ITV



UNRESOLVED

Who owns in-transit cargo?



Eric Feferberg / AFP



AOR LOGISTICS

- **SIMLM (theater medlog depot) ineffective and very late on the scene**
 - Relied on reach-back (more procurement/trans options, more vested interest)
- **Temp sensitive resupply remained a large, unsolvable problem (esp. reagents)**
- **Class VIII seldom given priority**



AEF CENTER CHALLENGES



- **Late reclamas resulted in shortfalls/fragmenting**
 - Need time limit on MAJCOM reclamas?
 - **Fragmenting contributed to “Red Blob”**
 - Ar'Ar' had 12 UTCs from 10 bases
 - Lakenheath spread over 12 bases
 - **Constant communication w/ AEFC important - especially when substituting; improved as time went on**
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COMMAND/CONTROL(C2)



- **Formula for CC success:**
 - Previous CC/deployment/line interaction experience
 - O-6 at +25, joint, or combined bases
- **Requests from wing/CC's (prioritized):**
 - O-6
 - Doc
 - FS



COMMAND/CONTROL (C2)

- **Squadron Medical Element management**
 - **Line assets!**
 - **Lack of visibility regarding who is/is not deploying**
 - **Resulted in wasted or over-stressed assets**
 - **Wing/CC pressure to back-fill**
 - **Cooperation with in-place EMEDS**
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PRE-DEPLOYMENT

- ART and SORTS Issues
 - Significant shortfalls on many (OIF)/almost every (OEF) equipment UTC
 - Yet, MAJCOMs reported sending only SORTS 1 packages
 - Inaccurate SORTS coding
 - ART not updated
 - Critical Items not identified
 - Optimistic CC's assessments?



PRE-DEPLOYMENT

- **WRM funding issues**
 - **Procrastination**
 - **WRM issues never urgent until too late**
 - **Few readiness items on CC report cards (AD)**
 - **Lack of oversight**
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PRE-DEPLOYMENT

- **Illegal Substitution**
 - Manning “faces” didn’t match the required “spaces”
- **“Gaming”**
 - Facilities reported “full-up” with personnel, yet had no intention of deploying key staff assigned against deployable positions
- **Readiness Officers/NCO’s**
 - Ensure personnel assigned are actually deployable







PRE-DEPLOYMENT

- **Commanders, MRO's, UDM's:**
- **RDD's aren't SGG's**
 - E.g. MILAIR did not show up, members waited 10 days before contacting their unit to check on flt status
 - PAX movement from West Coast to East Coast was a problem
 - If unable to meet RDD, must let MAJCOM know



PRE-DEPLOYMENT

- **Commanders, MROs, UDMs:**
 - **Troops commanders not trained in assignment**
 - Resulted in no contact with home units, MAJCOM or Theater POCs
 - **Reporting Instructions Ignored**
 - Improper handling/shipping of weapons, and ammo resulted in delayed DRIs
 - No PPE
 - Inadequate supplies of meds
 - **Personnel deployed were often unfamiliar with EMEDS concept, systems or equipment**



Iraqi Navy 2003 G. Rash, Washington



BASE LOGISTICS

- **Shortfalls on equipment UTC's**
 - Inadequate funding
 - Inaccurate inventories
- **Packing**
 - UTC's were missing placards
 - Many UTC's were mislabeled
- **Not enough manpower (4A1's) in WRM**
- **Wrong 4A1's in the job?**



LESSONS LEARNED





LESSONS LEARNED

■ DoD

- Need TPFDD equivalent for Force Modules
- JOPES inadequate for contingencies
 - Streamline and trouble-shoot process
 - Entire cycle (input to airlift) can't exceed a few days
- Implement FedEx-like commercial ITV solution

■ Air Staff

- Centralized WRM
 - Better accountability
 - More efficient
 - Pre-aggregated
- Slight modification of EMEDS CONOPS



EMEDS LL

- Need to wean line CC's/other services from surgical everywhere (4 hrs, hot, PAR>2000)
- Recommended increment thresholds:
 - PAM + for PAR 600 - 1500
 - Basic for PAR 1500 - 2500
 - +10 for PAR 2500 - 10,000 (adds ancillary services)
 - +25 for hot zone or major AE hub support



EMEDS LL

- Need systems expertise on Basic (systems issues consumed us)
- Comm still an issue - couldn't go secure with Iridium
 - STE/SIPR - don't leave home without them!



LESSONS LEARNED

- **MAJCOMs**
 - Must have better communication with AEF Center
 - Ensure shortfalls are noted in a timely fashion - holding units accountable
- **CENTAF**
 - Use only 1-2 APODs as final destination
 - Should improve ITV (fewer legs, will tend to be the same routes, experienced loggies at APOD can confirm receipt)
 - Provides buffer against beddown changes and diplomatic obstacles (can redirect, reprioritize in theater and re-form red wedge)
 - Bypasses connect-the-dots problem
 - Prepo all requirements for initial 30 days
 - Maintain reach-back capability



LESSONS LEARNED

■ Home Units

- Assign qualified/competent personnel to Medical Readiness and UDM positions
- ART and SORTS must be current and accurate
- Assign qualified/competent personnel to deployment positions
- Train personnel to the mission, equipment, systems etc...
- Ensure deploying personnel and troop commanders have instructions as to
 - Where they are to report
 - When they are to report
 - What to do if problems arise in transit



LESSONS LEARNED

■ Deployed Loggies

- Talk with HQ early and often
- Ensure visibility and follow through on time/temperature sensitive items
- Don't take the word of the APOD/ITV data, “walk the yard”



STARS OF THE SHOW

- **Despite challenges, AF still provided bulk of medical assets during initial phases**
 - **Phenomenal individual/team efforts**
 - **EMEDS quickly became the “go to guys” for SOF (and everyone else)**
 - **Other services quickly recreating themselves in the image of EMEDS**
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Summary

- Transportation issues were the limiting factor for the EMEDS concept
- Still provided the bulk of medical assets during initial phase
- All-star performance by medics
- EMEDS is the DoD benchmark



Laura Rauch / AP



KESLER





QUESTIONS?